BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050 ATTORNEY DOCKET NO. 1928-0154P

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor

		t the subject matter which is t	named and for which a patent is sough	ght on the invention entitled:				
Insert Title:	Insert Title: End Cap Assembly the specification of which is attached hereto. If not attached hereto,							
Fill in Appropriate	the specification was filed on			00				
Information -	United States Application Nu							
For Use	and amended on		(if ap					
Specification	the specification was filed on			* **				
Attached:	International Application Nun	•						
	amended on							
		1		(II applicable)				
	by any amendment referred to above. I acknowledge the duty to disclose \$1.56.	the same was ever known or a printed publication in any co- vas not in public use or on sale been patented or made the sale United States of America on or designs) prior to this applic country foreign to the United	e in the United States of America mor ubject of an inventor's certificate iss an application filed by me or my legal cation, and that no application for pa	before my or our invention ereof or more than one year e than one year prior to this ued before the date of this all representatives or assigns tent or inventor's certificate.				
·	I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:							
Insert Priority Information:	Prior Foreign Application(s)			D: : G: 1				
	0228010.5	Great Britain	November 30, 2002	Priority Claimed				
(if appropriate)	(Number)	(Country)	(Month / Day / Year Filed)	Yes No				
			<u> </u>	n n				
	(Number)	(Country)	(Month / Day / Year Filed)	Yes No				
	(Number)	(Country)	`(Month / Day / Year Filed)					
	,	(Country)	(Mondi / Day / Teat Filed)	Yes No				
	(Number)	(Country)	(Month / Day / Year Filed)	Yes No				
Insert Provisional Application(s):	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.							
(if any)	(Application Number)			(Filing Date)				
	(Application Number)			(Filing Date)				
	(Filing Date) All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed more than 12 months (6 months for designs) Prior to the Filing Date of this Application:							
Insert Requested Information: (if appropriate)	Country	App	lication Number Date of	Date of Filing (Month / Day / Year)				
Insert Prior U.S. Application(s):	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:							
(if any)	(Application Number)	(Filing Date)	(Status - patented,	pending, abandoned)				
Page 1 of 2	(Application Number)	(Filing Date)	(Status - patented,	pending, abandoned)				

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or **CUSTOMER NO. 2292** P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

PLEASE NOTE:
YOU MUST
COMPLETE THE
FOLLOWING:

Sole Inventor:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
Insert Name of Inventor Insert Date This	Ben To Fan	WONG			Nov. 12,	2003		
Document is Signed	Residence (City, State & Country)							
Insert Residence Insert Citizenship	Hong Kong, Chir	• •		China		·		
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Insert Mailing Address	6-22 Dai Shun Street, Tai Po Industrial Estate, N.T., Hong Kong, China							
Full Name of Second Inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
see above	Residence (City, State & Country)			CITIZENSHIP				
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Third Inventor, if any	GIVEN NAME	AMILY NAME	INVENTOR'S SIGNATURE		DATE*			
see above	Residence (City, State &	Country)		CITIZENSHIP				
	SINEERGIIF							
·	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Fourth Inventor, if any	GIVEN NAME	AMILY NAME	INVENTOR'S SIGNATURE		DATE*			
see above	Residence (City, State & 0	Country)		CITIZENCUID				
	Residence (City, State & Country)							
·	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Fifth	CIVEN NAME	21.01.57.11.1.4						
Inventor, if any	GIVEN NAME	AMILY NAME	INVENTOR'S SIGNATURE		DATE*			
see above	Residence (City, State & 0	Country)		CITIZENSHIP				
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
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Page 2 of 2 (Revised 01/02)								
(**************************************	* DATE OF SIGNATURE							